

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/1762376** FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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TOTAL IND.	3	0		0	1	0
TOTAL DEP.	3	0		0	2	0
TOTAL CLAIMS	8	0		0	3	0

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.		0	
TOTAL DEP.		0	
TOTAL CLAIMS		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS